STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004171	A. BUILDING: _____ B. WING _____	05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	11700 N MERIDIAN ST CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This is a State hospital complaint investigation. Date of Survey: 05/06/2015 Facility Number: 004171 Complaint # IN00168633 Substantiated, State deficiency related to the allegations is cited. QA: cjl 05/22/15	S 000		
S 520	410 IAC 15-1.5-1 DIETETIC SERVICES 410 IAC 15-1.5-1(b)(3) (b) The food and dietetic service shall have the following: (3) Administrative and technical personnel competent in their respective duties. This RULE is not met as evidenced by: Based on documentation review, observation, and staff interview, the hospital failed to ensure staff comply with hospital policies and the Indiana Retail Food Establishment Sanitation Requirements as it relates to temperature holding requirements, proper hand washing, and ensuring a food thermometer is available during food service. Findings included: 1. Clarian North Medical Center HACCP Guidelines for Receiving and Storage of Products	S 520		6/18/15

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S 520	Continued From page 1 policy (last reviewed 7/10/2012) indicated the Dietary Department complies with the Indiana Retail Food Establishment Sanitation Requirements. 2. Clarian North Medical Center HACCP Plan (last reviewed 7/20/2012) indicated all foods that are being held for service will be maintained either less than 40 degrees Fahrenheit or greater than 140 degrees Fahrenheit. Temperature will be monitored throughout service. All associates shall comply with proper personal hygiene when handling food and food-contact surfaces. 3. Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24-129, indicated food personnel shall wash their hands prior to changing of single-use gloves. 4. During the observation of the staff on the patient tray line between 11:00 AM and 11:45 AM on 5/6/2015, at least four staff members were observed changing their single-use gloves multiple times without washing their hands prior to putting on the gloves. 5. At 11:49 AM on 5/6/2014, the Cafeteria Fry Station was observed during lunch service. On the grill top, there were 7 finished cooked hamburger patties and 7 finished cooked grill chicken breasts. The grilled hamburger patties registered between 119 and 121 degrees Fahrenheit. The grilled chicken breasts registered between 128 and 134 degrees Fahrenheit. They were stored on the grill in a location where the grill was not on. The grilled hamburger patties and chicken breasts were held less than the hospital policy of the minimum holding temperature of 140 degrees Fahrenheit.	S 520		

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S 520	Continued From page 2 6. During the observation of the staff on the patient tray line between 11:49 AM and 12:30 PM on 5/6/2015, two staff members in the fry station of the cafeteria did not have a thermometer readily available to monitor food temperatures throughout service. 7. During the observation of the staff on the patient tray line between 11:49 AM and 12:30 PM on 5/6/2015, the two fry station cooks were observed changing their single-use gloves multiple times without washing their hands prior to putting on the gloves. 8. At 12:45 on 5/6/2015, staff member #3 (Nutrition & Food Service Manager) indicated the Dietary Department complies with the Indiana Retail Food Establishment Sanitation Requirements. The staff member indicated the staff at the cafeteria fry station did not have any food thermometer readily available to test food periodically during food service.	S 520		